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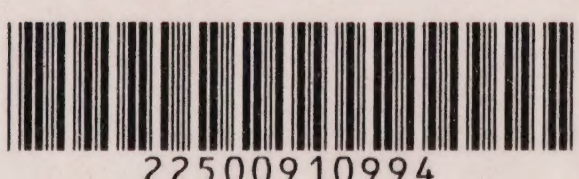

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SCHEME FOR THE ORGANIZATION

OF

VOLUNTARY AID

IN

SCOTLAND.

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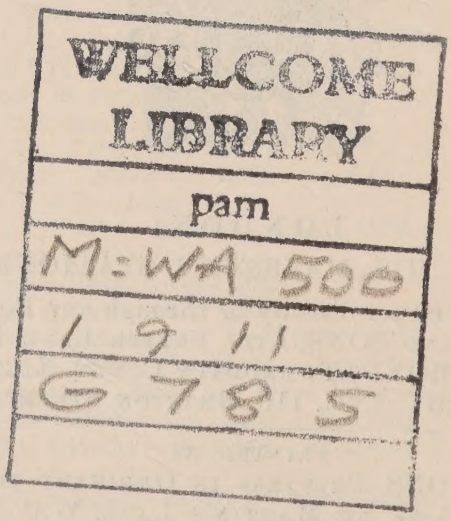
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SCHEME FOR THE ORGANIZATION OF VOLUNTARY AID IN SCOTLAND.

PREAMBLE.

1. The following scheme has been formulated with the object of showing how voluntary aid may be organized to supplement the territorial medical service in the event of war in the home territory. It has been arranged on lines similar to those followed by certain foreign countries where organizations for the relief of sick and wounded in war have reached a high standard of efficiency. The number of voluntary aid societies which already exist in our midst is evidence that the necessity for such an organization is fully recognized by the inhabitants of the United Kingdom. However, as these societies have no connection with one another they are liable to act independently, with the result that their various spheres of action frequently overlap in some directions, whilst in others they do not extend wide enough, thus causing a serious loss in efficiency.

Voluntary aid should therefore be co-ordinated.

2. In this scheme a county system has been adopted, because it is the one upon which the Territorial Force is organized and which the British Red Cross Society has adopted as the basis of its constitution.

Objects in View.

3. It would be well to indicate here more fully the reasons for formulating this scheme. They are as follows :—

The medical organization of the Territorial Force (*see* Appendix No. 1) is sufficiently complete to meet the immediate requirements of the combatant troops on the march and in action, as it provides medical establishments and units which accompany the troops. It also provides general hospitals ; but, inasmuch as it lacks some of the medical units which are to be found in the expeditionary force of the Regular Army and in all armies on the continent, it is incomplete.

The units which it lacks are—

(*a.*) Clearing hospitals.

(*b.*) Stationary hospitals.

(*c.*) Ambulance trains.

(*d.*) Other formations.

4. The functions of the above units may be summarized as follows:—

(*a.*) **A clearing hospital** is a mobile unit which receives the sick and wounded from the field ambulances, and transfers them, by various methods, to the stationary hospitals which may become established at various points on the lines of communication and to the ambulance trains. It is important that field ambulances should not be encumbered with casualties, otherwise the mobility of the fighting troops is interfered with.

(*b.*) **Stationary hospitals** are hospitals established at various points on the lines of communication, and necessarily are temporary, their location varying with the lines up which reinforcements are proceeding, or down which casualties are being forwarded.

(*c.*) **Ambulance trains** are of various kinds—

(i.) *Permanent ambulance trains.*—These are trains built in accordance with specifications already in existence, and will be used solely for transporting serious cases. They consist of special ambulance coaches fitted with tiers of cots, coaches for the medical officers, nursing sisters, and remaining personnel, treatment room, dispensary, kitchen, &c.

(ii.) *Temporary ambulance trains* which are made up of the ordinary vehicles equipped with some arrangement for carrying sick and wounded, such as vans fitted with the Zavodovski, or other special apparatus, and which, when once so fitted, are kept for this special purpose during the progress of hostilities. They are intended for the conveyance of less seriously wounded and to supplement the permanent ambulance trains.

(iii.) *Improvised ambulance trains.*—These are composed of vehicles which have brought up troops and stores to the front, and are improvised on the spot for the transport of sick and wounded on the return journey. The improvised arrangements are dismantled after disposal of the casualties, and the vehicles used again for the transport of troops and stores. These trains would only be employed after severe engagements resulting in a great influx of wounded.

(*d.*) **Other formations.**—Under this heading may be mentioned entraining stations, rest stations, private hospitals, and convalescent homes—

(i.) *An entraining station* is the point on the line of railway where the sick and wounded are loaded on ambulance trains.

(ii.) *A rest station* is a place where sick and wounded are halted on their way from the front for the purpose of, it may be, resting for the night, or merely for the

issue of food or light refreshments, or where dressings may be changed and urgent cases attended to.

On railways the station buildings may be utilized and fitted up as a small hospital with facilities for housing, say, from 1 to 50 patients, with cooking, dispensing, and other arrangements. The extent of these arrangements must depend largely on the military importance of the place at the time.

(iii.) *Private hospitals.*—These institutions may be of any size, but should be complete in every respect for the treatment of either surgical or medical, or both classes of cases.

(iv.) *Convalescent homes* will be required for providing accommodation for convalescent officers and men who, requiring no further active medical or surgical treatment, are fit for discharge from hospital but not to return to duty.

The expenses in connection with the upkeep of both private hospitals and convalescent homes should be met entirely by private funds. Schemes for these institutions may be made out and forwarded to the various County Associations for their information and that of the British Red Cross Society.

5. The medical service of the Territorial Force has no establishment for carrying out the duties in connection with the above-named organizations. This scheme has been devised with the object of giving to those members of the civil population, who, from motives of patriotism and sympathy for the sick and wounded, are desirous of offering their services for the performance of these various duties, an opportunity of allowing themselves and their efforts to be organized and co-ordinated efficiently, so that the sick and wounded may derive the fullest possible benefit.

6. The duties, then, connected with this work would be somewhat as follows*:—

(i.) The preparation of country carts and other vehicles for the removal of patients lying down.

(ii.) The improvisation of stretchers, &c., for the transport of very severe cases by hand.

(iii.) The conversion of country houses, farms, public buildings, or, in fact, whole villages or small towns into temporary hospitals for the care and shelter of sick and wounded, until they can be placed on railway trains for conveyance to general hospitals.

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* A "manual" of training for voluntary aid detachments will shortly be issued by the British Red Cross Society.

(iv.) Similar utilization of local resources for the care of trivial cases of sickness or wounds in the vicinity of active operations.

(v.) The formation of rest stations along lines of evacuation, either by road, rail, or water, where sick and wounded may receive rest and refreshment, or, if necessary, accommodation over night; or where they may be made comfortable while waiting to be loaded on trains, or after they are taken off trains.

(vi.) The provision of a personnel for accompanying the sick and wounded in transit.

(vii.) The fitting out of empty goods vans or other rolling stock for the transport of sick and wounded by rail.

(viii.) The collection and distribution of material for clearing hospitals and rest stations, and the management of depôts of such material.

Formation of Voluntary Aid Detachments.

7. In order to provide a personnel that will be available for any or all of the duties indicated in the foregoing paragraphs, "voluntary aid detachments" will be organized in each county. They will be of two classes, consisting respectively of men and women. A suitable composition is as follows:—

Men's Detachment.

1 commandant.*
1 medical officer.
1 quartermaster.
1 pharmacist.
4 section leaders.
48 men (divisible into four sections of 12 men each).

Note.—The object of having four sections is to enable small places in rural districts to organize single sections, four of which will be combined to form a complete detachment.

Women's Detachment.

1 commandant (man or woman and not necessarily a doctor).
1 quartermaster (man or woman).
1 trained nurse† as lady superintendent.
20 women, of whom four should be qualified as cooks.

8. All candidates for men's voluntary aid detachments, with the exception of pharmacists, ex-soldiers Royal Army Medical

* Preferably an officer of any branch of His Majesty's Army, retired and not liable to recall.

† By the term "trained nurse" is meant a nurse who has completed a 3 years' course of training in the service of a general hospital having a nurses' training school attached, and who, having qualified in the examinations of the institution has received a certificate to this effect.

Corps (Regular, Special Reserve, or Territorial), ex-sick berth attendants Royal Navy, cooks and carpenters (the two latter categories not to exceed four and two, respectively, per detachment), should be in possession of a first-aid certificate, or undertake to produce such certificate within 12 months from the date of enrolment. Should they fail to do so, they will be liable to be removed from the detachment.

9. All candidates for women's voluntary aid detachments, with the exception of trained nurses and cooks (cooks not to exceed four per detachment), should be in possession of a first aid and a home nursing certificate, or undertake to produce such certificates within 12 months from the date of enrolment, otherwise they are liable to be removed from the detachment.

10. Candidates who, on enrolment, do not possess the above-mentioned certificates will be considered as "on probation."

11. No first aid certificate will be recognized unless the course of instruction has been given by a duly qualified medical practitioner, and the examination carried out by another qualified medical practitioner, and the body granting such certificates is one approved by the War Office.*

12. No home nursing certificate will be accepted unless the course of instruction has been given by a duly qualified medical practitioner, or a trained nurse, as may be found the more convenient; the examination, however, must be conducted either by a qualified medical practitioner, or by a matron of a training school, both of whom must be distinct from the instructors of the class.

13. The men's detachments must be thoroughly trained as stretcher bearers, and to a certain extent as male nurses. A certain proportion of clerks, carpenters, and mechanics would be especially useful. The principal duties of the personnel would consist in carrying sick and wounded by stretchers, and, when necessary, in preparing means of transport by road or rail, in converting local buildings or whole villages into temporary hospitals, and in disinfecting buildings, &c.

14. The women's detachments would be employed chiefly in forming railway rest stations for preparing and serving meals

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* The following bodies are approved by the War Office for the purpose of granting certificates in "first aid":—

(*a.*) The St. John Ambulance Association.
(*b.*) The St. Andrew's Ambulance Association.
(*c.*) The National Fire Brigades' Union.
(*d.*) The National Health Society.
(*e.*) The London County Council.
(*f.*) The Provincial County Councils where the conditions as regards instruction and examination laid down in paragraph 11 are complied with.
(*g.*) The Midland Counties Union of Educational Institutions.

The above list is provisional and may be added to from time to time.

and refreshments to sick and wounded during transit by railway, and in taking temporary charge, in the evacuation stations or temporary hospitals, of severe cases unable to continue the journey. They should therefore be trained not only in cooking and the preparation of invalid diets, but also in the method of arranging small wards for patients in suitable buildings, preferably near a railway station, and in such nursing as is necessary for the temporary care of patients until they can be transferred to the general hospitals. Detachments, or a certain proportion of a detachment, may be employed for duty in ambulance trains.

Rôle of the County Association.

15. County Associations are charged with the responsibility of the organization of voluntary aid detachments in connection with the Territorial Force of their respective counties. They are empowered, however, and are recommended, to delegate the formation and organization of detachments to the British Red Cross Society, which is prepared to carry out the scheme on the lines suggested herein, and which is the only body that the War Office is prepared to recognize for this purpose in cases where Associations do not directly undertake the work. Should a County Association for any reason be unable to organize voluntary aid detachments, it must report the fact to the War Office through the general officer commanding-in-chief concerned.*

Returns.

16. Voluntary aid detachments form part of the Technical Reserve. A list of detachments recognized by County Associations will be published periodically in Army Orders.

17. Before a detachment can be recognized by a County Association it must be registered and numbered at the War Office.

18. When a County Association in Scotland delegates the work to the British Red Cross Society, Scottish Branch, application for registration will be submitted by the County Director, on the British Red Cross Society's (Scottish Branch) Forms, S.B. 7A for men's, and S.B. 7B for women's detachments, through the District Director, to the Secretary, British Red Cross Society, Scottish Branch. The Secretary of the British Red Cross Society, Scottish Branch, after satisfying himself that the detachment is fit for registration, will submit his Society's Form S.B. 7 in triplicate to the Secretary, War Office. The number will then be inserted and the detachment registered. One copy will be retained at the War Office and the other two returned to the Secretary, British Red Cross Society, Scottish Branch, who will retain one copy and forward the remaining copy to the County Association concerned.

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* The County Associations have in Scotland delegated the formation and organization of voluntary aid detachments to the Scottish Branch of the British Red Cross Society, who has undertaken to carry out the scheme.

19. No detachment will be registered unless it has enrolled at least 70 per cent. of the complement laid down in paragraph 7. Any enrolled in excess of the figures shown may be borne on the roll as supernumeraries, and absorbed as opportunity offers. In places where a whole detachment cannot be formed, a half detachment, section, or even a squad may be enrolled, and grouped by the County Director with others similarly situated to form a detachment.

20. All County Associations, irrespective of how the detachments have been raised, will render half-yearly to the War Office a consolidated return showing the strength of each detachment on the 30th of June and the 31st December.

Inspections.

21. Every officially recognized (*see* paragraph 20) voluntary aid detachment will be inspected annually by a principal medical officer, administrative medical officer (Regular or Territorial), medical inspector of recruits, or other officer of the Royal Army Medical Corps, detailed by the general officer commanding-in-chief of the command in which the detachment has its headquarters. In certain cases an inspecting officer may be specially detailed by the War Office. On the result of such inspection it will be decided whether the unit fulfils the conditions necessary if official recognition is to be continued. Such inspections will be carried out before the 31st October, on such dates as may be mutually arranged between the general officer commanding-in-chief, or his representative, and the detachment concerned.

On or before the 1st November in each year a report showing the result of the inspection—each detachment being dealt with separately—will be rendered to the War Office by the inspecting officer through the general officer commanding-in-chief.

Equipment.

22. The equipment necessary for voluntary aid detachments may be placed in two categories, viz. :—

A.—Equipment used solely for instructional purposes.
B.—Equipment required on mobilization.

Government funds are not available for expenditure in the provision, during peace, of any articles of equipment.

23. A suggested scale for A is given in Appendix No. 3, and, for the purpose of maintaining their efficiency, voluntary aid detachments are recommended to provide themselves with the equipment laid down therein. The list is considered sufficient for a detachment to begin with, but it may be added to on the initiative of each detachment as experience may teach them. The main principle to keep in view in training is to learn how to make the best use of the material which is most likely to be always at hand, and by methods of

improvisation to adapt it to various needs. For example, permission might be obtained from the proper authorities to fit out a railway van for the transport of lying down or sitting cases or of a mixture of both classes. This practice should be carried out with the material available in the detachment's own locality. Again, a waiting-room at a railway station might be converted into a ward as part of a rest station where two or three severe cases could be detained over night, the absence of necessary articles being particularly noted, with the object of arranging for their provision should the necessity arise. By this method of training the various local resources can be tested.

24. No definite scale of equipment per detachment can be laid down under B for use on mobilization, as detachments may be called upon to perform so many and such various duties that what would apply to a detachment doing work as a clearing hospital would not apply to the same, or any other, detachment doing duty as a rest station. Lists, however, have been drawn up and given in Appendix No. 4, showing the articles which are likely to be most in demand at the various points on the way from the front towards the general hospitals.

25. In every county a central depôt should be opened by the Association or their delegate for storing gifts of equipment contributed by members of voluntary aid detachments and private individuals. As a guide to the kind of articles which members and private individuals could make themselves, a list has been drawn up and given in Appendix No. 5. It is suggested that a pattern of each of the articles enumerated therein be provided by the British Red Cross Society, and packed in a chest to be called a pattern chest, which each county should copy so that appropriate patterns may be available for loan to anyone who desires to make the articles.

Procedure on Mobilization.

26. In the event of a general mobilization for home defence, voluntary aid detachments would not be called upon to serve until their services were actually required. Although members of voluntary aid detachments undertake no responsibility, and are under no obligation to leave their homes or even join their units if called upon to do so, yet, it is believed that, in the event of their being requested, volunteers, in sufficient numbers to meet all requirements, would be forthcoming. The following are suggested as general principles upon which preparations for mobilization should be based:—

(i.) A retired officer (not liable to recall) of any regular arm of the Service, but preferably a retired medical officer, should be nominated by the general officer commanding each territorial division, his name being noted at the War Office for employment on

mobilization being ordered. The duties of this officer would be to superintend, under the army medical authorities on the lines of communication, the arrangements for the evacuation and care of the sick and wounded as far as the voluntary aid detachments are concerned in this work.

(ii.) On an army being concentrated in any area of the country for the purpose of home defence, one or more of these officers would be appointed by the War Office to each line of communication, according to the strength and dispositions of the troops.

(iii.) County Directors would perform the duties of mobilization officer for their respective counties. They would, on receipt of orders, assemble the various voluntary aid detachments and arrange for their despatch to their destinations.

(iv.) A suitable number of voluntary aid detachments, according to requirements, would be directed by the War Office, through the County Association, to place themselves at the disposal of the army medical authorities. The first detachments to be employed would be the detachments nearest to the area of active operations; and other detachments in the vicinity should, according to circumstances, be held in immediate readiness for service.

(v.) Detachments not so employed, or held in readiness, would be available at different places throughout the country where their services might be required for carrying on the functions of rest stations, for transporting the sick and wounded from railway stations to the general and other hospitals, for providing personnel to ambulance trains, &c.

(vi.) Each member of a detachment when called up for service will be provided with an identity certificate and a "brassard" or arm badge bearing the Geneva Cross.

The identity certificate and brassard will be issued by a responsible officer of the Army, and both must bear the same number and stamp; otherwise the wearer of a brassard will not be "protected." *See* Appendix No. 2, Articles 9, 10, 11 and 20.

(vii.) Detachments employed in the area of active operations, and in ambulance trains, would, if necessary, be rationed and housed by the military authorities; but detachments doing duty in the immediate vicinity of their homes, where no active operations are in progress, will be expected to feed and house themselves.

Correspondence.

27. All correspondence in connection with the scheme will be conducted on the following lines:—

(i.) County Associations which delegate the organization and formation of voluntary aid detachments to the British Red Cross Society are recommended to correspond direct with that body, either through the local branch or direct to the central office as they may deem necessary. Only in special cases should the County Association address the War Office.

(ii.) County Directors will forward their correspondence through the District Directors to the Headquarters Office.

APPENDIX No. 1.

NOTES ON THE MEDICAL SERVICE OF THE TERRITORIAL FORCE.

1. The medical service of the Territorial Force is modelled on that of the expeditionary force of the Army; with the essential difference that it is organized for active service in home territory only. Its ranks include all that highly-trained personnel which is necessary for the preservation of the health of troops in the field and for the professional treatment and care of the sick and wounded. Being an integral part of the medical service of the army as a whole, its technical training is in the hands of the Director-General, Army Medical Service, assisted by his representatives, the Administrative Medical Officers of Territorial Divisions; these latter being themselves territorial officers, who are each allowed a retired officer of the regular Royal Army Medical Corps to assist him.

2. To give expert advice on sanitary matters, and to assist the Administrative Medical Officers in the prevention of disease, officers, who, from the nature of their civil duties, have special knowledge of the science of public health and sanitation, are appointed to the headquarters of each territorial division. In addition, over 100 sanitarians and medical officers of health throughout the United Kingdom, who have commissions, will be available in war for duty as sanitary officers with the Territorial Force within their own areas.

3. In the expeditionary force, each battalion has 1 officer, 1 corporal, and 4 privates, Royal Army Medical Corps, attached to it. In addition to this medical establishment in the Territorial Force, a battalion has an extra medical officer. This—the only difference in the organization of the territorial medical service with combatant units—is in order that by arrangement between two medical officers, the requirements of their practices may not be unduly interfered with in time of peace by their military duties. The medical officers examine the recruits of their battalion, train the regimental stretcher-bearers and men for sanitary duties, and supervise the duties of the men of the Royal Army Medical Corps attached. In camp and in the field the medical officer with the battalion is assisted in the prevention of disease by the Royal Army Medical Corps rank and file attached, whose special duty it is to purify the drinking water, and who also assist him in carrying out the work of disinfection, as well as in his duties towards the sick. The battalion provides him with a lance-corporal and a private, the latter to drive the cart containing the regimental medical equipment, the former to act as his orderly. Also from the battalion come 16 stretcher-bearers (two per company), and 1 non-commissioned officer and 8 men trained in sanitary duties; these latter supervise the disposal of refuse, sullage, &c., and act as sanitary police. Other units have a similar regimental medical organization in proportion to their size. Two special companies for sanitary duties only are organized in the London divisions.

4. The sick and wounded in the field are taken over from the regimental medical service by the field medical units, *i.e.*, mounted brigade field ambulances specially organized for service with mounted brigades, one to each, and field ambulances for divisions, three to each. Each consists of a portion designed especially for rendering first aid and carrying wounded (the bearer division), and a portion organized more on the lines of a hospital in the field (tent division). Both are divisible into self-contained sections, capable of working independently.

5. Each mounted brigade field ambulance has a personnel of 6 officers (one may be a non-medical transport officer) and 103 non-commissioned

officers and men of the Royal Army Medical Corps, to which are added 2 drivers of the Army Service Corps. A field ambulance has 10 officers, of whom one is a quartermaster, and one may be a non-medical transport officer, and 220 other ranks, Royal Army Medical Corps, with 3 drivers, Army Service Corps. Both units have in peace time sufficient equipment and transport to ensure the training of the personnel in their duties; these, in general terms, are the collection and removal of sick and wounded from the battlefield.

6. As regards the removal of sick and wounded, it must be remembered that it is an essential part of the requirements of the fighting force that the ambulance wagons of a field ambulance must never be detached in removing wounded to such a distance as would prevent them rejoining their unit the same day. In the expeditionary force, but *not* in the Territorial Force, the wounded are taken over from field ambulances by special mobile units, termed clearing hospitals, mobilized in the proportion of one to each division. Their special duties are to receive the wounded and care for them until they can be evacuated by road, rail, or water transport, to hospitals at the base. In the Territorial Force the duties of clearing hospitals devolve upon voluntary aid detachments.

7. The remaining unit to be described is the general hospital. These are located in centres where large civil hospitals or medical schools already exist. Recognizing that much of the work required from such an institution is very similar to that of a civil hospital, the medical and surgical staff, as well as the female nursing staff, are not called upon for duty in time of peace, and the number of these staffs, commissioned or enrolled, is largely in excess of requirements on mobilization, for reasons similar to those which permit two medical officers to a territorial battalion. On the other hand, being a military unit, and as such responsible that the needs of the Army are fulfilled, a special nucleus staff of three officers and 43 non-commissioned officers and men is trained in time of peace in the administration of large military hospitals, with special regard to the functions of a general hospital in war. As this nucleus undergoes annual training in military hospitals, it does not require equipment for instructional purposes in peace time. Similarly, the matrons of the nursing service go through short courses in the management of the nursing arrangements of a military hospital. The remainder of the personnel required to bring a general hospital up to war strength is 66 privates, who do not necessarily require to have been trained in military duties in peace time. A general hospital in the Territorial Force has neither equipment nor buildings in time of peace.

APPENDIX No. 2.

TRANSLATION OF THE GENEVA CONVENTION, 1906.

Chapter I.—The Wounded and Sick.

Article 1.

Officers and soldiers, and other persons officially attached to armies, shall be respected and taken care of when wounded or sick by the belligerent in whose power they may be, without distinction of nationality.

Nevertheless, a belligerent who is compelled to abandon sick or wounded to the enemy shall, as far as military exigencies permit, leave with them a portion of his medical personnel and material to contribute to the care of them.

Article 2.

Except as regards the treatment to be provided for them in virtue of the preceding Article, the wounded and sick of an army who fall into the hands of the enemy are prisoners of war, and the general provisions of international law concerning prisoners are applicable to them.

Belligerents are, however, free to arrange with one another such exceptions and mitigations with reference to sick and wounded prisoners as they may judge expedient; in particular they will be at liberty to agree—

To restore to one another the wounded left on the field after a battle;

To repatriate any wounded and sick whom they do not wish to retain as prisoners, after rendering them fit for removal or after recovery;

To hand over to a neutral State, with the latter's consent, the enemy's wounded and sick, to be interned by the neutral State until the end of hostilities.

Article 3.

After each engagement the commander in possession of the field shall take measures to search for the wounded, and to insure protection against pillage and maltreatment both for the wounded and for the dead.

He shall arrange that a careful examination of the bodies is made before the dead are buried or cremated.

Article 4.

As early as possible each belligerent shall send to the authorities of the country or army to which they belong the military identification marks or tokens found on the dead, and a nominal roll of the wounded or sick who have been collected by him. The belligerents shall keep each other mutually informed of any interments and changes, as well as of admissions into hospital and deaths among the wounded and sick in their hands. They shall collect all the articles of personal use, valuables, letters, &c., which are found on the field of battle or left by the wounded or sick who have died in the medical establishments or units, in order that such objects may be transmitted to the persons interested by the authorities of their own country.

Article 5.

A competent military authority may appeal to the charitable zeal of the inhabitants to collect and take care of, under his direction, the wounded or sick of armies, granting to those who respond to the appeal special protection and certain immunities.

Chapter II.—Medical Units and Establishments.

Article 6.

Mobile medical units (that is to say, those which are intended to accompany armies into the field) and the fixed establishments of the medical service shall be respected and protected by the belligerents.

Article 7.

The protection to which medical units and establishments are entitled ceases if they are made use of to commit acts harmful to the enemy.

Article 8.

The following facts are not considered to be of a nature to deprive a medical unit or establishment of the protection guaranteed by Article 6:—

1. That the personnel of the unit or of the establishment is armed, and that it uses its arms for its own defence or for that of the sick and wounded under its charge.

2. That in default of armed orderlies the unit or establishment is guarded by a piquet or by sentinels, furnished with an authority in due form.
3. That weapons and cartridges taken from the wounded and not yet handed over to the proper department are found in the unit or establishment.

Chapter III.—Personnel.

Article 9.

The personnel engaged exclusively in the collection, transport and treatment of the wounded and the sick, as well as in the administration of medical units and establishments, and the Chaplains attached to armies, shall be respected and protected under all circumstances. If they fall into the hands of the enemy they shall not be treated as prisoners of war.

These provisions apply to the guard of medical units and establishments under the circumstances indicated in Article 8 (2).

Article 10.

The personnel of Voluntary Aid Societies, duly recognized and authorized by their Government, who may be employed in the medical units and establishments of armies, is placed on the same footing as the personnel referred to in the preceding Article, provided always that the first-mentioned personnel shall be subject to military law and regulations.

Each State shall notify to the other, either at the time of peace or at the commencement of or during the course of hostilities, but in every case before actually employing them, the names of the Societies which it has authorized, under its responsibility, to render assistance to the regular medical service of its armies.

Article 11.

A recognized Society of a neutral country can only afford the assistance of its medical personnel and units to a belligerent with the previous consent of its own Government and the authorization of the belligerent concerned.

A belligerent who accepts such assistance is bound to notify the fact to his adversary before making any use of it.

Article 12.

The persons designated in Articles 9, 10, and 11, after they have fallen into the hands of the enemy, shall continue to carry on their duties under his direction.

When their assistance is no longer indispensable, they shall be sent back to their army or to their country at such time and by such route as may be compatible with military exigencies.

They shall then take with them such effects, instruments, arms, and horses as are their private property.

Article 13.

The enemy shall secure to the persons mentioned in Article 9, while in his hands, the same allowances and the same pay as are granted to the persons holding the same rank in his own army.

Chapter IV.—Material.

Article 14.

If mobile medical units fall into the hands of the enemy they shall retain their material, including their teams, irrespectively of the means of transport and the drivers employed.

Nevertheless, the competent military authority shall be free to use the material for the treatment of the wounded and sick. It shall be restored under the conditions laid down for the medical personnel, and so far as possible at the same time.

Article 15.

The buildings and material of fixed establishments remain subject to the laws of war, but may not be diverted from their purpose so long as they are necessary for the wounded and the sick.

Nevertheless, the commanders of troops in the field may dispose of them in case of urgent military necessity, provided they make previous arrangements for the welfare of the wounded and sick who are found there.

Article 16.

The material of Voluntary Aid Societies which are admitted to the privileges of the Convention under the conditions laid down therein is considered private property, and as such to be respected under all circumstances, saving only the right of requisition recognised for belligerents in accordance with the laws and customs of war

Chapter V.—Convoys of Evacuation.

Article 17.

Convoys of evacuation shall be treated like mobile medical units, subject to the following special provisions:—

1. A belligerent intercepting a convoy may break it up if military exigencies demand, provided he takes charge of the sick and wounded who are in it.
2. In this case the obligation to send back the medical personnel, provided for in Article 12, shall be extended to the whole of the military personnel detailed for the transport or the protection of the convoy, and furnished with an authority in due form to that effect.

The obligation to restore the medical material provided for in Article 14 shall apply to railway trains and boats used in internal navigation, which are specially arranged for evacuations, as well as to the material belonging to the medical service for fitting up ordinary vehicles, trains, and boats.

Military vehicles, other than those of the medical service, may be captured with their teams.

The civilian personnel and the various means of transport obtained by requisition, including railway material and boats used for convoys, shall be subject to the general rules of international law.

Chapter VI.—The Distinctive Emblem.

Article 18.

As a compliment to Switzerland, the heraldic emblem of the red cross on white ground, formed by reversing the Federal colours, is retained as the emblem and distinctive sign of the medical service of armies.

Article 19.

With the permission of the competent military authority this emblem shall be shown on the flags and armlets (brassards), as well as on all the material belonging to the medical service.

Article 20.

The personnel protected in pursuance of Articles 9 (paragraph 1), 10, and 11 shall wear, fixed to the left arm, an armlet (brassard) with a red cross on a white ground, delivered and stamped by the competent military authority and accompanied by a certificate of identification in the case of persons who are attached to the medical service of armies, but who have not a military uniform.

Article 21.

The distinctive flag of the Convention shall only be hoisted over those medical units and establishments which are entitled to be respected under the Convention, and with the consent of the military authorities. It must be accompanied by the national flag of the belligerent to whom the unit or establishment belongs.

Nevertheless, medical units which have fallen into the hands of the enemy, so long as they are in that situation, shall not fly any other flag than that of the Red Cross.

Article 22.

The medical units belonging to neutral countries, which may be authorized to afford their services under the conditions laid down in Article 11, shall fly, along with the flag of the Convention, the national flag of the belligerent to whose army they are attached.

The provisions of the second paragraph of the preceding Article are applicable to them.

Article 23.

The emblem of the red cross on a white ground and the words "Red Cross" or "Geneva Cross" shall not be used, either in time of peace or in time of war, except to protect or to indicate the medical units and establishments, and the personnel and material protected by the Convention.

CHAPTER VII.—APPLICATION AND CARRYING OUT OF THE CONVENTION.

Article 24.

The provisions of the present Convention are only binding upon the contracting Powers in the case of a war between two or more of them. These provisions shall cease to be binding from the moment when one of the belligerent Powers is not a party to the Convention.

Article 25.

The commanders-in-chief of belligerent armies shall arrange the details for carrying out the preceding Articles, as well as for cases not provided for, in accordance with the instructions of their respective governments, and in conformity with the general principles of the present Convention.

Article 26.

The Signatory Governments will take the necessary measures to instruct their troops, especially the personnel protected, in the provisions of the present Convention, and to bring them to the notice of the civil population.

CHAPTER VIII.—PREVENTION OF ABUSES AND INFRACTIONS.

Article 27.

The Signatory Governments, in countries the legislation of which is not at present adequate for the purpose, undertake to adopt or to propose to their legislative bodies such measures as may be necessary to prevent at all times the employment of the emblem or the name of Red Cross or Geneva

Cross by private individuals or by societies other than those which are entitled to do so under the present Convention, and in particular for commercial purposes as a trade-mark or trading-mark. The prohibition of the employment of the emblem or the names in question shall come into operation from the date fixed by each legislature, and at the latest 5 years after the present Convention comes into force. From that date it shall no longer be lawful to adopt a trade-mark or trading-mark contrary to this prohibition.

Article 28.

The Signatory Governments also undertake to adopt, or to propose to their legislative bodies, should their military law be insufficient for the purpose, the measures necessary for the repression in time of war of individual acts of pillage and maltreatment of the wounded and sick of armies, as well as for the punishment, as an unlawful employment of military insignia, of the improper use of the Red Cross flag and armlet (brassard) by officers and soldiers or private individuals not protected by the present Convention.

They shall communicate to one another, through the Swiss Federal Council, the provisions relative to these measures of repression at the latest within 5 years from the ratification of the present Convention.

General Provisions.

Article 29.

The present Convention shall be ratified as soon as possible. The ratifications shall be deposited at Berne.

When each ratification is deposited a *procès-verbal* shall be drawn up, and a copy thereof certified as correct shall be forwarded through the diplomatic channel to all the contracting Powers.

Article 30.

The present Convention shall come into force for each Power 6 months after the date of the deposit of its ratification.

Article 31.

The present Convention, duly ratified, shall replace the Convention of the 22nd August, 1864, in relations between the contracting States. The Convention of 1864 remains in force between such of the parties who signed it who may not likewise ratify the present Convention.

Article 32.

The present Convention may be signed until the 31st December next by the Powers represented at the Conference which was opened at Geneva on the 11th June, 1906, as also by the Powers not represented at that Conference, which signed the Convention of 1864.

Such of the aforesaid Powers as shall have not signed the present Convention by the 31st December, 1906, shall remain free to accede to it subsequently. They shall notify their accession by means of a written communication addressed to the Swiss Federal Council, and communicated by the latter to all the contracting Powers.

Other Powers may apply to accede in the same manner, but their request shall only take effect if within a period of 1 year from the notification of it to the Federal Council no objection to it reaches the Council from any of the contracting Powers.

Article 33.

Each of the contracting Powers shall be at liberty to denounce the present Convention. The denunciation shall not take effect until 1 year after the written notification of it has reached the Swiss Federal Council. The Council shall immediately communicate the notification to all the other contracting parties.

The denunciation shall only affect the Power which has notified it.

In witness whereof the Plenipotentiaries have signed the present Convention and have affixed thereto their seals.

Done at Geneva the 6th July, 1906, in a single copy, which shall be deposited in the archives of the Swiss Confederation, and of which copies certified as correct shall be forwarded to the contracting Powers through the diplomatic channel.

APPENDIX No. 3.

INSTRUCTIONAL EQUIPMENT FOR VOLUNTARY AID DETACHMENTS.

Anatomical diagrams.
Bandages—
  Loose woven.
  Calico, unbleached, for making—
    Triangular.
    Ordinary roller.
    Special, T.
    „ many tailed, &c.
First field dressings.
Tourniquets, improvised, materials for—
  Indiarubber tubing (length 2 ft., diameter $\frac{5}{8}$ in.).
  Bandages.
Splints, materials and appliances in connection with—
  Cane, wire, poroplastic felt, leather, &c.
  Locally made wooden splints, copies of Liston's, &c.
  Boards for fracture beds.
  Canvas for making sandbags.
  Tow, wool, &c., for making pads.
Stretchers, improvised, with or without hoods—
  Canvas and poles.
  Blanket.

Materials for Zavadovski's method of improvising ambulance trains—

4 cables, 9 ft. long and over 1 in. thick, ringed at each end, the inner portion of the ring strengthened by a metal collar-shaped band.
8 large iron hooks.
32 small ring bolts.
4 solid rounded poles, 6 ft. long and 2 in. thick.
16 stout looped ropes, $\frac{3}{4}$ in. thick, sufficiently long when looped in the centre to support the two tiers of stretchers.
28 stout cords for lashings

Given an ordinary closed railway wagon of the following dimensions, viz.:—18 ft. by 7 ft. by 6 ft. with a minimum doorway, 4 ft. 9 in., height of centre of van 6 ft. 6 in., as roof is slightly curved, the above materials are fixed as follows:—

2 hooks are fixed on beam of door on either side, 3 ft. apart from each other and 1 ft. to inner side of edge of door bolts. Remaining 4 hooks are fixed at same height, 2 at each end of wagon opposite each other, and a foot from end of vehicle. The 4 cables rest on these hooks, the centre of the cable being firmly fixed to the centre of the pole.

The 16 loops are attached, 4 to each pole, to support the 8 stretchers, and are looped on to the poles by passing one end through the other.

24 ring bolts are fixed in the floor, 6 under each pole, 1 beneath each end of pole, the remainder 9 in. apart, but arranged so as to leave 2 ft. in centre.

4 ring bolts fixed opposite each end of end poles, halfway up and into side of wagon.

4 ring bolts fixed immediately on inner side of hooks on beam above doors.

28 cord lashings fixed as under—

24 cords, 5 ft. long, fastened to ring bolts in the floor.
2 cords, 12 ft. long, fastened to ring bolts above door.
2 cords, 12 ft. long, to ring bolts at the end of poles.

Bearer's dressing case, containing:—

Clasp knife, 1.
Forceps, dressing, pair, 1.
Pin-cushion, emery, 1.
Pins, common, 40.
„ safety, 6.
Probe and director, plated, 1.
Scissors, pair 1.
Spatula, plated, 1.
Thread, sewing, tablet, 1.
Vulcanite case containing (in vaseline):—
Needles, sewing, 6.
„ surgeons, plated, 6.

Set of carpenter's tools.
Light ambulance cart.
This cart can be obtained from the following firms:—

Messrs. Vickers, Sons, & Maxim, 32, Victoria Street, S.W.
Messrs. Mills & Sons, 32, Cambridge Place, Paddington.
Messrs. Holmes & Co., London Road, Derby.
Mr. P. Headley, Carriage Builder, Ashford.
The Colombus Carriage Company, 118, Great Portland Street, London.

APPENDIX No. 4.

LIST OF ARTICLES WHICH MAY BE CONTRIBUTED OR GUARANTEED IN PEACE BY MEMBERS OF VOLUNTARY AID DETACHMENTS AND PRIVATE INDIVIDUALS.

The size of the various clearing hospitals, rest stations, entraining stations, &c., will depend principally upon the military exigencies. The following list has been compiled only as an indication of the number and size of articles required by the foregoing units when dealing with a definite number of casualties. It is left to the discretion of County Associations which articles they will accept as gifts for storage, but they may be reminded that rubber goods, ether, chloroform and other volatile drugs and perishable articles should not be stored in peace. Dressings and linen articles could be "turned over" by presenting them to local authorities for distribution in time of local calamities (pit accidents, train wrecks, &c.).

Detail.		Clearing hospital and larger rest station dealing with 200 sick and wounded.	Entraining and smaller rest station accommodating 50 cases for the night.	Ambulance train for 100 serious cases to 300 mixed cases.
I.—Medical and Surgical Stores.				
Bandages, elastic or rubber	No.	1	1	1
„ flannel, 4 in. by 6 yards ..	„	20	20	20
„ gauze, 3 in. by 6 yards ..	„	40	20	60
„ loose woven, 3 in. by 6 yards	„	400	100	250
„ suspensory	„	3	3	3
„ triangular	„	50	10	25
Boxes, ointment, chip, 1-oz.	„	12	..	6
„ „ ½-oz.	„	12	..	6
Cradles for fractures	„	2	4	6
Dishes, dressing, kidney shaped, of—				
Tinned brass	„	1	1	1
Enamelled iron	„	1	1	1
Drainage tubing, large	yards	3	3	1
„ medium	„	2	2	2
„ fine	„	3	3	1
Dredgers, iodoform	No.	1	1	1
Dressing basins, rectangular, of enamelled iron—				
15 in. by 11 in. by 2 in.	„	20	5	10
11 in. by 9 in. by 2 in.	„	20	5	10
Dressings, first field	„	100	..	100
Ether inhalers	„	2	1	1
Finger stalls, caoutchouc, different sizes	„	12	12	12

Detail.		Clearing hospital and larger rest station dealing with 200 sick and wounded.	Entraining and smaller rest station accommodating 50 cases for the night.	Ambulance train for 100 serious cases to 300 mixed cases.
I.—Medical and Surgical Stores—*continued.*				
Portable disinfector (according to requirements)	No.	..	..	..
Gauze, double cyanide, in 6-yard packets	„	6	6	8
„ bleached, 36 in. wide, 2½-yard packets, compressed	„	1,000	250	1,000
„ bleached, 36 in. wide, in 6-yard packets..	„	50	24	300
Gloves, thin, rubber, for operations ..	pairs	4	2	..
Ice bags, head	No.	2	1	5
Irrigators	„	2	2	..
Jaconet, waterproof	yards	15	5	20
Machines, bandage, winding	No.	1	1	..
Measures, pewter, 10-oz...	„	1	1	1
„ graduated, glass, 4-oz... ..	„	4	1	2
„ „ „ 2-oz... ..	„	4	2	2
„ „ „ 1-oz... ..	„	4	2	2
Needles, darning	„	36	12	..
„ sewing	„	36	12	12
Pails, enamelled	„	1	1	1
Pasteboard, sheets (for splints) ..	„	3	3	5
Pins, safety	„	1,000	500	1,500
Plaster of Paris	lbs.	10	..	10
Plaster, adhesive, I.R., 1-inch tape ..	tins	50	12	50
„ „ spread on linen, about 16 inches wide ..	yards	20	5	10
Razors	No.	1	..	1
Rivets, split, for zinc splints	„	288	..	72
Sandbags	„	4	6	10
Scissors for cutting clothing	pairs	2	1	..
„ dressing	„	2	1	1
Shears, for cutting perforated zinc splints	„	1	..	1
Silk ligature, hanks	No.	100	10	200
Spirit lamps, small, metal	„	1	..	1
Splints, thigh, Liston's—				
(*a.*) Large, 60 in. long	„	5	2	2
(*b.*) Medium, 56 in. long	„	5	2	2
(*c.*) Small, 54 in. long	„	5	2	2
Spoons, medicine, china	„	4	4	6
Sterilising apparatus, portable	„	1	1	1
Surgeon's case of instruments	„	1	1	1
Syringes, hypodermic	„	4	2	4
Tables, portable, operating	„	1	..	..
Tallies (specification)	„	50	50	50
Tapes, measuring	„	2	..	..
Thermometers, clinical	„	4	4	4
Thread, white, sewing	ozs.	4	½	1½

Detail.	Clearing hospital and larger rest station dealing with 200 sick and wounded.	Entraining and smaller rest station accommodating 50 cases for the night.	Ambulance train for 100 serious cases to 300 mixed cases.
I.—Medical and Surgical Stores—*continued.*			
Thread, for ligatures .. .. .. ozs.	2	..	1
Tooth instruments, set of 8 .. .. set	1	..	1
Tow, carbolised .. .. lbs.	10	10	10
Tubes, test .. .. No.	6	3	..
Wool, cotton, absorbent .. .. .. lbs.	50	10	50
„ „ unbleached .. .. „	10	..	10
„ „ double cyanide .. .. „	20	10	20
Zinc, perforated, for splints (about 23 in. by 9 in.) .. .. pieces	30	..	4
II.—Medicines, &c.			
Acidum boricum .. .. lbs.	4	½	4
„ carbolicum .. .. .. „	2	½	2
„ salaceticum .. .. .. „	½	..	½
Æther 0·720 .. .. „	4	1	4
Chloroformum .. .. „	4	1	4
Iodoformum .. .. „	1	¼	1
Linimentum camphoræ co. .. .. „	2	1	2
Liquor morphinæ hydrochlor. .. .. ozs.	4	..	4
Magnesii sulphas .. .. lbs.	2	½	2
Oleum ricini .. .. „	2	⅓	2
Paraffinum molle .. .. „	4	1	4
Phenazonum (antipyrin) .. .. „	½	⅛	½
Sodii bicarbonatis .. .. .. „	1	..	1
Spiritus ammoniæ aromaticus .. .. „	2	½	2
„ ætheris nitrosi .. .. .. „	1	..	1
Tablets hydrarg. perchlor. .. .. No.	1,000	250	1,000
„ morphine tartrate, ¼ grain each .. tubes	12	4	12
Tinctura camphoræ co. .. .. .. lbs.	½	..	½
„ chloroform et morphinæ co. .. „	½	¼	½
„ digitalis .. .. „	½	¼	½
„ opii .. .. „	1	½	1
Unguentum acidi borici .. .. „	2	1	2
„ paraffini .. .. .. „	2	1	2
III.—Linen and Clothing.			
Aprons for orderlies .. .. .. No.	30	10	40
Blankets .. .. „	470	150	650
Bolsters, horsehair .. .. .. „	..	50	..
Cases, bolster .. .. „	200	50	..
Coats, woollen, for patients .. .. „	50	10	40
Flannel, white (for fomentations) .. yards	12	10	..
Gowns, operation .. .. No.	10	3	6
Handkerchiefs .. .. „	300	200	..

Detail.		Clearing hospital and larger rest station dealing with 200 sick and wounded.	Entraining and smaller rest station accommodating 50 cases for the night.	Ambulance train for 100 serious cases to 300 mixed cases.
III.—Linen and Clothing—*continued.*				
Jackets, sleeping, woollen	No.	100	50	..
Mattresses	„	..	50	..
Neckerchiefs	„	..	10	..
Overalls, drill, for orderlies	„	20	10	20
Pillows, feather	„	50	50	..
Sheets, linen or cotton, bed	„	480	200	..
„ ground, waterproof	„	200	..	..
Shirting, 1 yard wide	yards	3	3	10
Shirts, cotton, white	No.	300	200	100
Slippers, pairs	„	200	50	160
Slips, bolsters	„	..	200	..
Socks, cotton	pairs	100	200	..
„ woollen	„	400	200	50
Tablecloths	No.	10	5	..
Towels, hand	„	400	150	200
„ operation	„	10	10	..
Trousers, sleeping	„	300	50	..
IV.—General Stores.				
Axes	No.	6	1	..
„ pick	„	4	2	..
Basins, wash-hand	„	40	50	40
Baskets, carrying	„	2	1	..
„ for dirty linen	„	1	2	1
Baths (according to requirements)	„	..	..	..
Bedsteads	„	..	50	..
Bottles, water	„	2	4	40
Boxes, for dressings	„	4	2	2
„ salt	„	2	1	..
Brushes, bottle	„	2	1	..
„ feeders	„	30	6	6
„ nail	„	12	6	6
„ scrubbing	„	8	2	2
„ washing	„	24	6	..
„ whitewash	„	12	6	..
Buckets, water	„	8	4	4
Camp-stools	„	10	10	8
Candles, stearine, small	lbs.	10	10	20
Candlesticks	No.	2	2	2
Cans, enamelled, for milk or soup	„	8	1	..
Chisels, ripping	„	4	1	1
Choppers, meat	„	4	1	..
Clippers, hair	„	4	1	..
Colanders, large	„	1	1	..

Detail.		Clearing hospital and larger rest station dealing with 200 sick and wounded.	Entraining and smaller rest station accommodating 50 cases for the night.	Ambulance train for 100 serious cases to 300 mixed cases.
IV.—General Stores—*continued.*				
Cooking vessels, self cooker (according to requirements)	No.	..	..	..
Corkscrews	„	30	12	12
Cups, feeding	„	30	20	20
„ spit	„	30	5	..
„ tea	„	200	50	..
Dish cloths (as required)	„	..	..	..
Dishes, earthenware, different sizes	„	5	5	..
„ pudding	„	24	12	..
Dusters (as required)	„	..	..	..
Filters	„	4	2	..
Flags, small, union	„	2	1	..
„ „ red cross	„	2	1	..
Footrules	„	2	1	..
Forks, flesh	„	4	1	..
„ dinner	„	200	50	..
Funnels	„	12	2	..
Gimlets	„	1	1	..
Glasses, wine	„	52	30	..
Graters	„	2	1	..
Hammers, claw	„	4	1	..
Ice picks	„	4	1	..
Inhalers	„	4	1	..
Jugs, enamelled	„	4	2	..
Kettles, 2-quart	„	4	1	..
„ oval, 12-quart	„	24	1	..
Knives, carving	„	2	1	..
„ table, with metal handles	„	200	60	..
„ opening tins	„	20	12	12
Ladders, folding, step	„	..	..	40
Ladles, soup	„	2	1	1
Lamps, hanging	„	40	5	..
„ hand	„	2	1	40
Latrine paper (as required)	..	..	..	..
Machines, bread cutting	No.	2	1	..
„ mincing	„	4	1	..
Meat blocks	„	2	..	..
„ saws	„	1	1	..
Mugs, drinking	„	200	50	80
Nails, 1 in. long	„	250	250	250
Pans, bed	„	40	12	40
„ frying	„	8	2	..
Paraffin oil (as required)	pints	..	..	..
Plates, dinner	No.	200	50	..
Pokers (according to requirements)	„	..	..	..
Pots, coffee	„	30	20	..

Detail.		Clearing hospital and larger rest station dealing with 200 sick and wounded.	Entraining and smaller rest station accommodating 50 cases for the night.	Ambulance train for 100 serious cases to 300 mixed cases.
IV.—General Stores—*continued*.				
Pots, earthenware	No.	10	5	..
„ tea	„	10	5	2
Razors	„	8	2	..
Razor strops	„	4	1	..
Sacks, for carrying provisions	„	4	2	..
Saws, hand	„	2	1	..
Scales for weighing	pairs	4	1	..
Scissors, hair	„	4	..	..
„ lamp	„	8	2	..
„ nail	„	10	2	..
Scoops, various	No.	15	5	..
Shovels	„	4	2	..
„ fire (as required)	„	..	..	..
Soap (as required)	lbs.	..	..	..
Sponges	No.	8	10	8
Spoons, large, wooden	„	10	5	..
„ skimming	„	3	2	..
„ table, metal	„	200	60	40
Squeezers, lemon	„	2	1	1
Stewpans	„	32	3	..
Stools, night	„	32	10	..
Stretchers	„	200	..	..
String, 2-oz. balls	„	16	2	1
Tables, portable	„	2	1	..
Thermometers, room	„	2	2	..
Tongs, coal (as required)	„	..	..	..
Trays, small, crumb	„	1	1	..
Tubs, for disinfecting clothing, &c.	„	1	1	1
Tubs, washing up	„	2	2	..
Tumblers	„	20	60	..
Urinals	„	32	12	24
Urns, tea	„	3	1	..
Wheeled supports for stretcher	„	1	2	..
Whisks	„	2	1	..
Wicks (as required)	„	..	..	..

V.—Medical Comforts.

Arrowroot, biscuits, brandy, calf's-foot jelly, chocolate, cocoa, coffee, cornflower; fruits, preserved; meat extracts (Bovril, Lemco, &c.); meat, tinned; milk, condensed; mineral waters, oatmeal, pepper, rice, sago, salt; soups, tinned; sugar, tapioca, tea, vegetables (preserved).

APPENDIX No. 5.

ARTICLES WHICH COULD BE MADE BY LOCAL SEWING CLASSES.

For Ward Use.

Pillow cases.
Bolster cases.
Towels.
Table cloths.
Tray cloths.
Dusters.
Tea cloths.
Medicine cloths.
Utensil cloths.
Roller towels.
Fomentation wringers.
Hot-water bottle covers.
Bandages of all descriptions.
Pneumonia jackets of "Gamgee" tissue.

For Patients' Use.

Calico shirts.
Flannel under shirts.
Socks.
Handkerchiefs.
Dressing gowns.
Ties.
Shirts, of flannel, for helpless cases.
Red flannel jackets.
Bed socks.

For Nurses and Attendants.

Aprons for women nurses of linen or union.
Sleeves for women nurses.
Aprons for women attendants.
Overalls, with sleeves, for male attendants.
Caps for women nurses, plain "Sister Dora" shape.

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